Testimony of
Dr. Paul Farmer

Presley Professor
Harvard Medical School
Boston, Massachusetts
and
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Clinique Bon Sauveur
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before the

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First, allow me to thank Senator Lugar for this invitation, Senator DeWine for his longstanding commitment to Haiti, and Senators Kerry, Kennedy, and Dodd for having suggested that I be afforded this opportunity to comment on the current health situation in Haiti.

Haiti and the United States are the two oldest independent republics in the Western hemisphere. And Haiti, our oldest neighbor, is living a true health crisis. This means, of course, that our neighbors are *dying* because of a health crisis. This health crisis can be described concisely. It has many causes but none of them are mysterious. This crisis has solutions that are well within our reach. Because some of what I say will be contentious, I will do two things today. First, and very briefly, I make mention of my own acquaintance with the health problems of Haiti. Second, I will document extensively all of my remarks and am making this documentation available for those of you here today and for the Congressional Record.


Patients travel long distances and wait, sometimes overnight, to be seen at a clinic in central Haiti.

I am a professor at Harvard Medical School but for the past 20 years have had the good fortune of spending at least half of my time in central Haiti, where I direct a large charity hospital. This past year alone we have seen over a quarter of a million patients and done our best to provide modern medical services to a population living in dire poverty. Indeed, the hospital I direct sits in a squatter settlement and it would be difficult, I suspect, to find a more impoverished site in which to build such a facility. I've called this settlement home since 1983. During the past two decades, I've lived under the rule of dictatorships, military juntas, and elected governments. Our clinical facility has remained open during almost all of these long and often violent years, and we have developed strong feelings regarding the difference between working with unelected versus elected governments. These views are less political than pragmatic because doctors, nurses, and community health workers tend to be a pretty pragmatic bunch: we want to help our patients get well or, even better, to prevent them from getting sick. Our group, I should add, is a church-affiliated but ecumenical non-governmental organization, and it's been our privilege to work extensively, especially in recent years, with the Haitian Ministry of Health. Our collaborative, community-based approach emphasizes the Haitian peoples' right to health, as codified in our patients' Cange Declaration.[1]

But seeing patients in the clinic isn't all we do. We have also worked to put children in school, improve the water supply, and tackle new health challenges, some of them deemed— incorrectly, it

transpires— intractable. None of the problems I will discuss today, from AIDS to malnutrition among children, are intractable.

Finally, I'll note for the record that I have written several books and dozens of scholarly articles about health conditions in Haiti. In short, I've spent my entire adult life worrying about the topic we're here to discuss today and feel well-placed to comment on Haiti's health crisis, its causes, and— most importantly— what we might all do to help our neighbor overcome this crisis.

Residents of Haiti's Central Plateau live in destitution. Poor housing conditions facilitate the spread of disease.

1. Health Conditions in Haiti Today

Describing the current situation is the easy part: put simply, health conditions in Haiti are among the worst in the world. This part of the story is undisputed and should, in and of itself, trigger immediate action from anyone well-placed to help a neighbor in need. All of Haiti's public health indices are bad. Life expectancy, for example, is the lowest in our hemisphere. I rely mostly on data from either the Pan American Health Organization or the World Health Organization, but if our own CIA's website is to be believed, Haiti is the only country in the hemisphere in which life expectancy at birth is under 50 years and falling.[2] As elsewhere in the world, infant mortality rates fell fairly slowly but steadily over the course of the past few decades, but in Haiti some of these trends have been reversed and infant mortality now stands at 80.3 per 1,000 live births.[3] This is unacceptable, since the majority of infant deaths are readily preventable. Juvenile mortality rates, similarly, are the worst in the region, in large part because of malnutrition, low vaccination rates, and other by-blows of poverty. Maternal mortality rates are— no other way to put this— appalling. Even the low-end estimates (523 per 100,000 live births)[4] are the worst in the hemisphere, and one community-based survey conducted in the 1980s pegged the figure at 1,400 per 100,000 live births.[5] For a sense of scale, those same figures in the United States, Costa Rica, and Grenada are 7.1, 19.1, and 1.0 per 100,000 live births, respectively.[6,7,8]

Losing one's mother is a nightmare for any child, but for children living in poverty it all too often means that they too are doomed to penury and premature death. When food and water are in short supply, who is there to fight for the survival of infants and toddlers if not their mothers? Orphans who do survive are often pressed into servitude, where their childhood years are filled with abuse and, as often as not, cut short by AIDS or some other dreadful side effect of poverty.[9]

What, then, of infectious diseases, my own specialty? Polio, announced eradicated from the Western hemisphere in 1994,[10] resurfaced on the island in 2000.[11] This unexpected resurgence occurred because of a sharp decline in vaccination rates under military rule. Haiti's self-appointed leaders had scant interest, it would seem, in public health. National vaccination rates for measles and polio reached their lowest point ever, with one PAHO survey suggesting that, in 1993, only 30% of Haitian children had been fully vaccinated for measles, polio, mumps, and rubella.[12] It was only a matter of time— in this case, a few months to a few years— before these diseases came back. The measles epidemics came quickly, as we documented in central Haiti.[13] But even polio, deemed vanquished forever, could and did return. The strain of polio that spread was actually derived from

a vaccine, I should point out: but a strain fully capable of causing paralysis and death and able to spread only because so few children had been vaccinated during the early nineties.[14]

You know already that AIDS is a serious problem in Haiti, perhaps the only country in this hemisphere in which HIV stands as the number-one cause of all adult deaths.[15] The Haitian epidemic has been described as "generalized," since it affects women as much as or more than men; is not confined to any clearly bounded groups; and has spread from urban areas to the farthest reaches of rural Haiti, such as the villages in which I work. What's worse, HIV not only kills 30,000 Haitians each year and orphans 200,000 more,[16] it has also aggravated an already severe tuberculosis epidemic. In one careful survey conducted in an urban slum in Port-au-Prince, fully 15% of all adults were found to be infected with HIV.[17] Stunningly, the rate of active and thus potentially infectious tuberculosis among these HIV-positive slum dwellers was 5,770 per 100,000 population. Again, for a sense of scale, the number of Americans with active TB is pegged at 5.6 per 100,000 population.[18] For Jamaica, Haiti's neighbor, the number is 5 per 100,000 population;[19] for Cuba, rates of active TB are only slightly higher than those registered in Jamaica.[20] Only 8 of every 100,000 Israelis are sick with active tuberculosis.[21]


A six-year-old girl with anthrax.

You get the picture, I'm sure. I could go on, telling you about anthrax, which in Haiti is a zoonosis associated with unvaccinated livestock. As one Haitian veterinarian explained wearily, Haitians are victims of a sort of bioterrorism linked to poverty— in this instance, a failure to vaccinate goats, itself a symptom of our failure to share the fruits of science with the poor, including our very closest neighbors. Haitians are not the authors of bioterrorism, as some here have foolishly or maliciously suggested.

In poor countries, doctors must also take an interest in education— not merely medical education, but the education of women and children. We know from many studies, including some conducted in poor regions of Mexico, that good health outcomes among poor children are related "independently" to the educational status of the mother.[22] That is, poverty is far and away the primary predictor of poor health outcomes for Mexican children, but even poor mothers who are better educated can hope to do a better job protecting their children. Whether this association holds true in far poorer countries, such as Haiti, has not yet been demonstrated.[23] But the fact remains that Haiti's illiteracy rates are the highest in Latin America,[24] which is why the Haitian government has declared its alphabetization campaign the top public priority. All those interested in the health of the Haitian people would do well to support these efforts.

As for food and water, again the story is grim. According to the World Bank, Haiti is the third hungriest country in the world,[25] the only hungry country located close to our shores. The water story is even worse: a group in the U.K., the Centre for Ecology and Hydrology, recently developed a "water poverty index" and carefully surveyed 147 of the world's countries for supply and quality. Haiti was ranked in 147th place.[26]


Children are especially vulnerable to the consequences of hunger and a lack of potable water.

Now picture these conditions— I can't resist saying it— a mere hour and a half from Miami. From door to door, Harvard to central Haiti, my monthly journey takes only 12 hours, and a third of that is spent jolting along in a Jeep. This brings me to one last point about current conditions: Haiti's roads are also a threat to public health. Recently, our team revived a young man dying from AIDS. We gave him antiretrovirals and he gained, in the course of three months, over 25 pounds. He felt, as he put it, "as good as new." Any doctor takes enormous satisfaction in such victories— it's what makes our work worthwhile. But a year into therapy he was traveling on a public bus that plunged over a steep embankment. Our patient was saved from AIDS but died of poor road conditions.

3,149 km of Haiti's 4,160 km of highways are unpaved. (Source: CIA World Factbook 2002.) Here, the wreckage of a Red Cross ambulance remains at the side of a mountain road.

So far, I've mentioned roads, public health, water, and education, and I'm doing so on purpose. These disparate factors are all linked together. This photograph shows you how. It's of a Red Cross ambulance that went over the side of a mountain road that was to have been repaired last year. On my way back here to meet you all, a couple of days ago, I took this picture, knowing that the ruined ambulance would still be there, a sad monument to inaction.

But whose inaction? Water, health care, education, and roads— are the Haitian authorities blind to the obvious need for urgent action in each of these arenas? Do they care nothing about the suffering of their own people? Senators, please keep these questions in mind as I turn towards a brief review of our own policies towards Haiti.

2. Policies Healthy and Unhealthy

Our own country is the richest in the world, and encompasses a third of the world's GDP. It's also, I'm told, the world's only superpower. Having established that Haiti, our oldest neighbor, is the poorest country in this hemisphere, it stands to reason that U.S. policies towards that country have an overwhelming influence. This too should be an undisputed claim.

Has the influence of our policies been a good one? Here, of course, is where the dispute comes in. I wish to argue the case as a doctor might; I'm not a politician, nor do I have any wish to leave my clinic. What I want to see is a healthy Haiti, and I believe— I need to believe— that this desire is shared by all of us in this room today.

I will not dwell on what some non-Haitians would call "ancient history" (that is, anything that occurred prior to the 21st century), but can't resist noting that while the Haitians willingly sent troops to aid us in the Battle of Savannah, in 1779,[27] our own response to their appeal for assistance in their war of independence was to support the slave owners. And when, against all odds, the Haitians defeated the French on the battlefield— which led, according to John Adams and to many others, to the Louisiana Purchase— we continued to behave ungraciously. From 1804 until 1862, when Lincoln changed our policy, we simply refused to recognize the existence of "the Black Republic."[28] Worse, we later pressured other countries in the hemisphere not to recognize Haiti's

sovereignty.[29] Our policies did not improve much during the late 19th century, and in the early 20th century we invaded and occupied Haiti militarily.[30] In fact, the modern Haitian army, which would later come to be the bane of my medical staff's existence, was created right here in this city, by an act of the United States Congress.[31] Evidence shows that our past policies towards Haiti were remarkable for their consistently antidemocratic tilt. Modern U.S. historians agree on this, as do the Haitians.

More recent policies may appear, to the untrained eye, a bit more haphazard. But there have been discernable trends. As of today, almost all U.S. aid to Haiti goes through NGOs or through what are now called "faith-based organizations" rather than through the Haitian Ministries of Health, Education, or Public Works. Some of you here today will applaud this situation, and you'd think I would, too: after all, I represent an NGO, belong to a faith-based organization or two, and am not part of any government.

But I do not applaud this trend, not at all. I think these policies are unhealthy. I think these policies are unfair. And I am convinced these policies are a failure.

First, allow me to note, since my Haitian patients invariably do, that during the reign of both the Duvalier family dictatorship, which lasted almost 30 years, and the military juntas that followed, the United States was unstintingly generous through official channels.[32,33] That is, hundreds of millions of our dollars went to and through these Haitian governments, such as they were. If the aid was supposed to better the lot of the Haitian poor, it wasn't very efficiently targeted, I'd say. But you don't have to trust me: in 1982, the U.S. General Accounting Office summed up its own activities as follows: "The United States has provided Haiti about $218 million in food aid and economic assistance. After 8 years of operating in Haiti, AID [Agency for International Development] is still having difficulty implementing its projects."[34]

This report appeared at almost exactly the same time that I arrived on the scene, your typical young American do-gooder. I did not have a lot of preconceived notions about how best to do health and development work, but as an American I was of course suspicious about working with dictatorships, and I didn't like the way the Duvalier kleptocracy siphoned off such significant fractions of all aid for "extrabudgetary" activities of their own. Again, the assessments of officialdom (the GAO, as mentioned, but also the World Bank, USAID, and most of the large multilateral agencies that dominated, and still dominate, the international health scene) were grim enough. And the verdicts of the rural poor with whom I cast my lot— they were even more scathing. "Why does your government support the dictators and the military?" they asked me, politely enough. I was then a young medical student and so I replied, "I don't know. I'm just a young medical student."

But this was a lame response, and I knew it. It was important for me to come to understand what was going on if I, a U.S. citizen, were ever going to be able to defend the policies of my own country.

That proved impossible, frankly. When you hear this, it will be July 15th. But I am writing this on July 4th, since I am taking the day off and using it to prepare these remarks. I thus refer you to another July 4th speech, made in 1985, my third year in Haiti. One month earlier, the Haitian Parliament had unanimously passed a "political parties law," allowing political parties to exist as long as their statutes recognized "Baby Doc" Duvalier as President-for-Life.[35] The same law gave the army and the Ministry of the Interior the unconstrained power to recognize and suspend parties.

Three days previously, the Haitian Constitution had been amended to give this President-for-Life even greater powers, including the right to designate his successor. These changes were approved by a referendum on July 22, 1985. According to "official" statistics, 90% of voters turned out and 99.98% voted "yes."[36]

Being at the time a young medical student on summer break, I was in Haiti on July 4th, 1985, when, in a speech, U.S. Ambassador Clayton McManaway called the political parties law "an encouraging step forward." *Newsweek* quoted an unnamed U.S. State Department official as saying, "With all of its flaws, the Haitian government is doing what it can."[37] A generous assessment, and the State Department also added that "the press in Haiti has known a growing freedom of expression in recent months."[38] (I should add here that the only free "Haitian" press at the time was that published in New York, Miami, and Montreal; and all of these newspapers have since relocated to Haiti.) The U.S. administration then certified to Congress that "democratic development" was progressing in Haiti, allowing more than $50 million in military and economic aid[39] to flow to the government, if that's the word we want.

Being a medical student at the time, I assumed these matters were beyond me. Better to stick to pathophysiology and clinical medicine rather than to seek to understand why this all seemed like complete garbage. There was, no doubt, a reason for it.

Let's flash ahead to 2001, when such excuses deceived nobody, least of all myself. By then I'd been in Haiti for the better part of two decades, before and after getting my M.D., and was weary of seeing children die of diarrheal disease, adults of typhoid and tuberculosis and AIDS, and everyone of road accidents. I was a doctor tired of seeing children unable to attend school because they could not pay tuition or buy uniforms— even in "faith-based" schools that should've done better. And so in 2001 I looked into a series of four humanitarian and development loans that had been blocked. Many other international financial institutions had also cut off aid to Haiti, but I focused on the Inter-American Development Bank, since these loans, I learned, had already been approved by the Haitians and by the Bank's board of directors. And it seemed only fitting that an American doctor should inquire, as one loan was for health care, another for education, one for potable water, and one for road improvement. And they'd been blocked for some time— for "political reasons," I'd been told. Haiti had held local and parliamentary elections in May 2000, and eight senatorial seats were disputed, requiring run-offs. And I'd heard, from sources both Haitian and American, that it had been the United States that had asked the Inter-American Development Bank to block the loans until these electoral disputes had been worked out.

Again, I was tempted to assume that, as a doctor, I couldn't possibly fathom the reasons that would lead my country, the world's richest and most powerful, to try and block humanitarian assistance to one of the world's poorest. But as a boy who'd grown up in Florida and had followed recent electoral problems there (my mother, who lives near Orlando, was sending me reams of material), I must admit that I was angry. Angry, as a doctor, that the Haitian government, with a *national* budget smaller than that of the Harvard teaching hospital in which I'd trained, could not have access to credit in order to clean up water supplies and revitalize its public health system. And angry about our shouting down the Haitians for elections that didn't seem all that bad compared to some of the problems my family in Florida described. Besides, the Haitian senators occupying the disputed seats had all resigned, and the loans were still blocked.

So this time I did try to find out more, and I encouraged others to help me do so— my students from Harvard, research assistants, and influential friends in business who are donors to our charity. Anyone I could find.

Of course I also tried to go directly to the source. I asked to meet with staffers from the Inter-American Development Bank. One of them shouted at me, in a very public forum (again, right here in this city), but the others were very courteous and kind. Still, they told discrepant stories. One told me, in 2001, that Haiti owed arrears, whereas another told me that no, Haiti had paid its arrears. (The Haitian authorities had, in fact, paid out $5 million for arrears owed and were current on their payments at the time. Despite this, the IDB did not release the promised loans, and the government of Haiti fell into arrears again.) Another IDB staffer, who made me promise not to use his name, whispered that yes, it was the U.S. government that was blocking the loans. I even called a nice fellow at the U.S. Secretary of the Treasury, since I was told that that's where the levers were pulled. And he informed me that, yes, such matters were in the hands of the State Department. But when I asked how I, a doctor, might help to get clean water to the Haitian poor, I couldn't get a straight answer anywhere. This went on and on and was very time-consuming. And I needed to get back to our patients.

A friend of mind, a famous American writer, promised to look into the blocked loans. "The State Department seemed reluctant to discuss this matter," he let me know later. "I was granted an interview with a senior department official only on condition that I not use his name. He told me it wasn't just the United States that had wanted to block the IDB loans to Haiti, that the Organization of American States (the OAS) was also involved. It was 'a concerted effort,' the official said, and went on to explain that the legal justification for blocking the loans originated at an OAS meeting called the Quebec City Summit, which produced something called the Declaration of Quebec City. But that document is dated April 22, 2001,[40] and the letter from the IDB's American executive director asking that the loans not be disbursed is dated April 8, 2001. So it would seem that the effort became concerted after it was made."

I wasn't surprised. The fact is, a concerted effort has long been underway to upset the Haitian people's efforts to build an egalitarian society. It began in 1791, and the only independent country in the hemisphere, our own, weighed in on the side of the slave owners, as noted. And so it has gone on for years, as Haiti grew poorer and we grew richer. In fact, few Americans know much about Haiti but few Haitians can afford to *not* know about our country. These blocked loans do not surprise the Haitians, but do surprise the good people with whom I speak up here in the country of my birth. Why on earth, family and friends and medical colleagues asked, would we want to block assistance to Haiti?

Why indeed. But it's possible to make a long list of embargoes against Haiti, and I recently did so for a British medical journal, *The Lancet*.[41] It is an article which seeks to document the unsurprisingly bad impact of blocking water assistance to the thirsty, education to the unschooled, and health care to the sick. I did my best to argue that such policies are not only illegal— an argument of limited value, I'm told— but also noxious. Deadly. Morally atrocious. I submit this *Lancet* article to you in the hopes that it too might become a part of the Congressional Record.

On July 8, 2003, in a move applauded by the international community, the government of Haiti paid the IDB $32 million to satisfy the outstanding arrears. It is outrageous that the government was forced to pay these arrears, because it was the malfeasance of the U.S. that helped to create them. I

am told that this move by the Haitian government will pave the way for lending to resume. I ask this Senate body to help us to ensure that the U.S. will not stand in the way of future loans to Haiti.

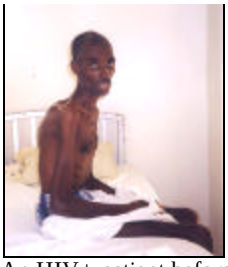
In any case, I know the discussion could go 'round and 'round. And that would make us all dizzy and I'd be the only one here, besides Senator Frist, qualified to resuscitate you should you collapse in Senate chambers. But since I am a doctor, I hope you will permit me to use medical language. These are sick policies. They have a long history. And I hope I will not be dismissed as "playing the race card" when I argue that our sick policies towards Haiti are rooted in our own country's shameful past. Again, this is easy to prove. One has only to look, again, to the U.S. Congressional Record. On the Senate floor, in 1824, Senator Robert Hayne of South Carolina declared, "Our policy with regard to Hayti [sic] is plain. We never can acknowledge her independence.... The peace and safety of a large portion of our union forbids us even to discuss [it]."[42]

But now, thank God, we are allowed to discuss it. Unacknowledged or not, these are the roots of our unhealthy policies toward Haiti. And one does not have to be a neurologist or a psychiatrist to know that there are many reasons that some forget and others remember. We Americans have forgotten because we can afford to forget.

3. Towards a Healthier Haiti: Some Success Stories

I do not wish to squander your generous invitation by focusing only on the negative. Many good things are happening in Haiti, and surely the most important of these is the transition, however painful, from dictatorships to democracy. There are medical victories, as well— and most of them are the result of genuine public-private partnerships. That means groups like ours working with the Haitian public sector.

Allow me to give a couple of success stories. First, I mentioned that the island was the site of the hemisphere's first polio outbreak since the disease was declared eradicated from our half of the world. But did polio's resurgence or huge measles epidemics in Haiti constitute insuperable problems? Not at all. PAHO and UNICEF worked with the Ministry of Health in order to launch a massive campaign to eradicate polio and stop epidemic transmission of measles. I'm proud to say that we too were part of this movement and prouder still to report that it worked.



An HIV+ patient before beginning antiretroviral therapy at Clinique Bon Sauveur (left), and after initiating therapy (right). This patient once remarked that "Everyone with AIDS should be able to get treatment, since we're all God's children. Science is for everyone."

What about AIDS, the world's latest rebuke to optimism? Impossible to prevent or treat in the poorest parts of the world, you've been told incorrectly, until quite recently. Here again, Haiti is more of a success story than one might imagine. First, NGOs working closely with the Ministry of Health have spent a decade developing culturally-appropriate prevention tools, providing voluntary counseling and testing, and working to improve care for people living with HIV. Could these efforts be among the reasons why the predicted "explosion" of HIV did not occur in Haiti? That is, the situation is grim and AIDS is, as noted, the leading killer of young Haitian adults. But seroprevalence studies suggest that the Haitian epidemic is slowing down. Again, Haiti formed a public-private partnership, one of the


First Lady Mildred Aristide speaks at a National AIDS Commission meeting in the spring of 2002.

strongest in the world, in order to pull together a successful proposal to the Global Fund for AIDS, Tuberculosis, and Malaria.[43] The National AIDS Commission is chaired by the First Lady, Mildred Aristide, who has made AIDS and the rights of poor children her primary concerns as a public figure. As I stand before you, Haiti is probably the one country in the poor world with the most promising integrated AIDS prevention and care project already up and running. Over the past year, our project has hosted scores of visitors from as far away as Zambia, South Africa, Uganda, and even Japan.

What about maternal mortality? Can nothing be done to prevent this horror? Again, PAHO is engaged in efforts to make childbirth safer and so are we— and we all work with the Haitian government. There is, as noted, a huge challenge before us. And yet modern medicine has made it possible to make childbirth safe, even in the very poorest corners of the world. In part of central Haiti, where we work with traditional birth attendants and community health workers to offer at-risk women high-quality obstetric services (for example, cesarean sections or treatment of eclampsia), maternal mortality is under 200 per 100,000 live births and dropping. We still have a long way to go, granted, but we're moving in the right direction. Again, this success owes much to our close ties with the Ministry of Health which, though flat broke, has assigned publicly-trained nurse-midwives to assist us. UNICEF has supplied many of our traditional birth attendants with birthing kits. We are also vaccinating our staff against hepatitis B and making sure they have gloves and aprons and other supplies. If we were to work assiduously with the Ministry of Health, how difficult would it be to replicate these practices throughout a country about the size of the state of Maryland?


Traditional birth attendants and community health workers in central Haiti receive training and supplies.

4. A Few Conclusions

Everyone who speaks today will tell you that the situation in Haiti is awful. And so it is, especially from the point of view of a physician who serves the poor. But there is so much that could be done. Permit me to continue speaking to you as a doctor. First, we need a diagnosis. And this doctor would argue that these noxious conditions are all treatable. What is the etiology of these problems? Haitian culture, as some have argued? Ridiculous— this has nothing to do with Haitian culture. Nor is bad governance the problem. How on earth could we say this when we were so willing to fork over hundreds of millions of dollars to the Duvaliers and the Haitian army, which in over a century had known no enemy other than the Haitian people?

The problem in Haiti is poverty and, alas, we have failed to do our best to help our neighbors rebuild their ravaged country. But we can certainly start doing so.

Rebuilding Haiti will require resources. The Haitians have a saying: you can't get blood from a rock. Massive amounts of capital need to flow into Haiti in order to stay the humanitarian crises I've described. But this capital cannot go only to groups like ours— to NGOs or "faith-based

organizations." We're proud of our work in central Haiti, but that's where we live and work: in a circumscribed bit of central Haiti. Only the Haitian government has both national reach and a mandate to serve the Haitian poor.

Haiti still receives assistance from the United States and the European Union and Canada and Japan and various United Nations organizations. But the total amount of aid has been reduced by about two-thirds since 1995. Our country has cut its donations by more than half since 1999. The United States contributes about $50 million a year, but none of it goes to the Haitian government[44]—except for a small amount to Haiti's coast guard, both boats of it, given in the hope that this might help prevent refugees from disembarking for Florida and cocaine-shippers from getting their product to the same destination. Again, for a sense of scale, recall that the U.S. government pumped an estimated $200 million through the Haitian military government in the 18 months following February 1986.[45] The World Bank, the self-proclaimed lead agency addressing world poverty, has shut down all future lending to this hemisphere's poorest country. It has, in fact, closed its Haiti office, leaving behind only an administrator and a chauffeur. Hardly an impressive strategy for poverty alleviation.

Haiti needs our help. Haiti needs resources. But Haitians need us to remember some of the things we forget all too expediently. Technical assistance is also of great importance, but we need to be respectful of our Haitian partners. In 1804, Haiti taught the world a great lesson, perhaps the greatest lesson ever. Haiti taught us that slavery, the use of other humans as chattel, is a crime against humanity. The French claimed to have done this in 1789, but every Haitian knows that it was Napoleon himself who in 1801 sent 40,000 troops to reconquer Haiti, and reclaim it as France's most valuable slave colony. Napoleon failed. And where were we, Haiti's only neighbors at the time? Where were we who should have helped Haiti rebuild an island devastated by a decade of war? The answer: Haiti had no friends. There was no assistance.

That was then and this is now. We now have a chance to make up for past errors. How are we doing? Poorly. Blocking development and humanitarian assistance is a terrible tactical and moral error; it is also a medical and epidemiological error. And this error could be corrected, almost effortlessly, by the U.S. government. If I were you, I would not listen to a lot of palaver about arrears or other technicalities. The United States has the power to unblock aid to Haiti in a heartbeat.

That was my final medical metaphor, I promise. In closing, I would ask the members of this committee to call for a formal reexamination of our policies towards Haiti. I would ask that we acknowledge, as a people, our errors and that we try for a fresh start. We certainly have all that is necessary to do so. Call it a "Marshall Plan for Haiti," call it reparations, call it whatever you want. But let us, at long last, do the right thing. And then we will know the gratitude of our neighbors. Certainly, you will know the gratitude of a doctor who would like to see everyone have the chance to live full and happy lives. And although I care deeply for all my patients, I think you will forgive me for wishing this most ardently for the Haitian people.

Thank you for the privilege of testifying.

[1] The Cange Declaration begins: "We, the patients of "Partners in Health" [Zanmi Lasante] in Cange, have a declaration we would like to put before all of you. It is we who are sick; it is therefore we who take the responsibility to declare our suffering, our misery, and our pain, as well as our hope." The full text of the Declaration is available at: http://www.pih.org/inthenews/010824cange/index.html.

[2] United States Central Intelligence Agency. The World Factbook 2002. Available at: http://www.cia.gov/cia/publications/factbook/geos/ha.html.

[3] Infant mortality in Haiti has actually risen since 1996, when it was 73.8 per 1,000 live births; PAHO attributes this rise to increasing poverty, the deterioration of the health system, and HIV. See Pan American Health Organization. Country Profiles: Haiti. 2003. Available at: http://www.paho.org/English/DD/AIS/be_v24n1-haiti.htm.

[4] Pan American Health Organization. Country Profiles: Haiti. 2003. Available at: http://www.paho.org/English/DD/AIS/be_v24n1-haiti.htm. These numbers are likely to be even higher if one measures maternal mortality at the community level.

[5] The only community-based survey done in Haiti, conducted in 1985 around the town of Jacmel in southern Haiti, found that maternal mortality was 1,400 per 100,000 live births. See Jean-Louis R. Diagnostic de l'état de santé en Haïti. *Forum Libre I (Médecine, Santé et Démocratie en Haïti)* 1989: 11-20.

During that same period, "official" statistics reported much lower rates for Haiti, ranging from a maternal mortality rate of 230 for the years 1980-1987 and a maternal mortality rate of 340 for 1980-1985 to a higher estimate in the years that followed, 1987-1992, of 600 maternal deaths per 100,000 live births. See United Nations Development Programme. *Human Development Report, 1990*. New York: Oxford University Press for UNDP, 1990; and World Bank. *Social Indicators of Development*. Baltimore: Johns Hopkins University Press, 1994; respectively.

For additional maternal mortality data from that period, see World Health Organization. Maternal Mortality: Helping Women Off the Road to Death. *WHO Chronicle* 1985; 40: 175-183.

[6] Pan American Health Organization. Country Health Profile: United States. 2001. Available at: http://www.paho.org/English/SHA/prflUSA.htm.

[7] Pan American Health Organization. Country Health Profile: Costa Rica. 2001. Available at: http://www.paho.org/English/SHA/prflCOR.htm.

[8] United Nations Development Programme. Human Development Indicators 2003: Grenada. Available at: http://www.undp.org/hdr2003/indicator/cty_f_GRD.html.

[9] Mildred Aristide has recently published an excellent overview of the problem of children who become "domestic servants," grounding this phenomenon in its historical context and at the same time revealing the enormous social cost of such abuse. She writes, "It is clear that Haiti's rural development and the faltering road to a national public education system have been and remain at the center of the propagation of child domestic service in the country. This explains why the prototypical image of a child in domestic service is one of a child from the impoverished countryside seeking an education, working in the city." See Aristide M. *L'Enfant En Domesticité en Haïti: Produit d'un Fossé Historique (Child Domestic Service in Haiti and Its Historical Underpinnings).* Port-au-Prince, Haiti: Imprimerie H. Deschamps, 2003; p. 89-90.

[10] Centers for Disease Control and Prevention. International notes certification of poliomyelitis eradication—the Americas, 1994. *Morbidity and Mortality Weekly Report* 1994; 43(39): 720-722.

[11] Centers for Disease Control and Prevention. Outbreak of poliomyelitis— Dominican Republic and Haiti, 2000. *Morbidity and Mortality Weekly Report* 2000; 49(48): 1094, 1103.

[12] Pan American Health Organization and World Health Organization. *Haiti— L'Aide d'Urgence en Santé.* Port-au-Prince: Pan American Health Organization, 1993.

[13] Farmer PE. Haiti's Lost Years: Lessons for the Americas. *Current Issues in Public Health* 1996; 2(3): 143-151.

[14] Kew O, Morris-Glasgow V, Landaverde M, et al. Outbreak of poliomyelitis in Hispaniola associated with circulating type 1 vaccine-derived poliovirus. *Science* 2002; 296 (5566): 269-70.

[15] Pan American Health Organization. "Haiti." In: *Health in the Americas 2002: Vol. II*. Washington, D.C.: Pan American Health Organization, 2002: 336-349.

[16] Joint United Nations Programme on HIV/AIDS. Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections: Haiti. 2002. Available at:
http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/pdfs/Haiti_en.pdf.

[17] Desormeaux J, Johnson MP, Coberly JS, et. al. Widespread HIV counseling and testing linked to a community-based tuberculosis control program in a high-risk population. *Bulletin of the Pan American Health Organization* 1996; 30(1): 1-8.

For a more comprehensive overview of Haiti's burden of treatable and preventable infectious diseases, see Farmer P. *Infections and Inequalities: The Modern Plagues*. Berkeley, CA: University of California Press, 1999.

[18] Centers for Disease Control and Prevention. Reported in *Tuberculosis in the United States, 2001*. Atlanta, GA: U.S. Department of Health and Human Services; 2002. Available at:
http://www.cdc.gov/nchstp/tb/surv/surv2001/content/T1.htm.

[19] United Nations Development Programme. Human Development Indicators 2003: Jamaica. Available at: http://hdr.undp.org/reports/global/2002/en/indicator/indicator.cfm?File=cty_f_JAM.html.

[20] In 1999, the rate of active tuberculosis in Cuba was 11 per 100,000 population. See United Nations Development Programme. Human Development Indicators 2003: Cuba. Available at:
http://hdr.undp.org/reports/global/2002/en/indicator/indicator.cfm?File=cty_f_CUB.html.

[21] United Nations Development Programme. Human Development Indicators 2003: Israel. Available at:
http://hdr.undp.org/reports/global/2002/en/indicator/indicator.cfm?File=cty_f_ISR.html.

[22] For a review of these studies in Mexico, see LeVine RA, LeVine SE, Richman A, et al. Women's schooling and child care in the demographic transition: A Mexican case study. *Population and Development Review* 1991; 17(3): 459-496. See also Cleland J and van Ginneken J. Maternal education and child survival in developing countries: The search for pathways of influence. *Social Science and Medicine* 1988; 27: 1357-1368.

[23] Educational status is so tightly linked to social class in Haiti that it difficult to know whether or not educational status is an independent predictor of better outcomes for children. But relevant data from Haiti indicates that of mothers who had received at least a primary school education, 94% received prenatal care and 74% were vaccinated against tetanus. Among women with no formal schooling, on the other hand, only 53% received prenatal care and 58% received vaccination against tetanus. See Pan American Health Organization. "Haiti." In: *Health in the Americas 1998: Vol. II*. Washington, D.C.: Pan American Health Organization; 1998: 316-330.

[24] Only 50.8% of adults over age 15 are literate. See United Nation Development Programme. Human Development Indicators 2003: Haiti. Available at:
http://www.undp.org/hdr2003/indicator/cty_f_HTI.html.

[25] United Nations Food and Agriculture Organization. *The State of Food Insecurity in the World.* United Nations Food and Agriculture Organization: Rome, 2000. Available at:
http://www.fao.org/FOCUS/E/SOFI00/img/sofirep-e.pdf.

[26] Sullivan CA, Meigh JR, and Fediw TS. *Derivation and Testing of the Water Poverty Index Phase I.* Centre for Ecology and Hydrology: Wallingford, 2002. Available at: http://www.ciaonet.org/wps/suc01/suc01.pdf.

[27] Madeline Diaz, in the U.S. Consulate's Haiti newsletter, describes the event this way: "… Haitian soldiers fought and died on a Georgia battlefield to help the United States gain its independence from England. About 1,500 volunteers from their country, then a French colony, joined forces with the Americans to fight the British in the 1779 Siege of Savannah." See Diaz MB. Haitians seeking recognition of war effort in U.S. *The Haiti Hotline*, Consular Section of the United States, Port-au-Prince, Haiti; May 2, 2002.

[28] Lawless R. *Haiti's Bad Press*. Rochester, VT: Schenkman Books, 1992.

[29] In 1825, the United States blocked Haiti's invitation to the famous Western Hemisphere Panama Conference. See Lawless R. *Haiti's Bad Press*. Rochester, VT: Schenkman Books, 1992.

[30] Heinl R and Heinl N. *Written in Blood*. Boston: Houghton Mifflin Co., 1978.

[31] See the account of Gaillard R. *Hinche Mise en Croix*. Port-au-Prince, Haiti: Imprimerie Le Natal, 1982. This book is part of a seven-volume overview of the U.S. occupation of Haiti.

[32] Hancock G. *Lords of Poverty: The Power, Prestige, and Corruption of the International Aid Business*. New York: Atlantic Monthly Press, 1989.

[33] Lawless R. *Haiti's Bad Press*. Rochester, VT: Schenkman Books, 1992.

[34] United States General Accounting Office. *Assistance to Haiti: Barriers, Recent Program Changes, and Future Options.* Washington, D.C.: United States General Accounting Office, 1982; p. i.
[35] Americas Watch. *Haiti: Human Rights Under Hereditary Dictatorship*. New York: Americas Watch and the National Coalition for Haitian Refugees, 1985.
[36] Americas Watch. *Haiti: Human Rights Under Hereditary Dictatorship*. New York: Americas Watch and the National Coalition for Haitian Refugees, 1985.
[37] Cited in Americas Watch. *Haiti: Human Rights Under Hereditary Dictatorship*. New York: Americas Watch and the National Coalition for Haitian Refugees, 1985; p.30.
[38] Cited in Americas Watch. *Haiti: Human Rights Under Hereditary Dictatorship*. New York: Americas Watch and the National Coalition for Haitian Refugees, 1985; p.32.
[39] Hooper M. "Haiti's Despair." *The New York Times* 27 August, 1985.
[40] Declaration of Quebec City, Third Summit of the Americas. United States State Department, 2001. Available at: http://usinfo.state.gov/regional/ar/summit/declaration22b.htm.
[41] Farmer P, Smith Fawzi MC, and Nevil P. Unjust embargo of aid for Haiti. *The Lancet* 2003; 361: 420-423.
[42] Cited in Schmidt H. The United States Occupation of Haiti, 1915-1934. New Brunswick, NJ: Rutgers University Press, 1971; p. 28.
[43] For information on Haiti's proposal to the Global Fund, see http://www.globalfundatm.org/proposals/round1/fsheets/haiti.html.
[44] United States Agency for International Development. Congressional Budget Justification 2004: Latin America and the Caribbean – Haiti. Available at: http://www.usaid.gov/policy/budget/cbj2004/latin_america_caribbean/haiti.pdf.
[45] Farmer PE. *The Uses of Haiti.* Monroe, ME: Common Courage Press, 1994.